



MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION

100 N PARK AVE STE 200 ~ PO BOX 200131

HELENA MT 59620-0131

(406) 444-3154 or toll free (877) 275-7372

SHERIFFS' MONTHLY WORKING RETIREE CERTIFICATION

On a monthly basis, you as the employer must file the Monthly Working Retiree Certification for each Sheriffs' Retirement System (SRS) retiree you employ in a SRS-covered position. The hours reflected on the calendar must total the hours reported. **TO BE CONSIDERED A RETIREE, A MEMBER MUST HAVE BEEN TERMINATED FROM SERVICE AT LEAST 30 DAYS AND MUST HAVE RECEIVED AND ACCEPTED THEIR FIRST RETIREMENT BENEFIT. IF BOTH CONDITIONS ARE NOT MET, THE RETIREE MUST BE REINSTATED TO ACTIVE MEMBERSHIP.** All SRS retirees employed in a SRS-covered position **must** report the hours worked and the gross wages earned to the MPERA each **month**.

An SRS retiree may work up to 480 hours and earn up to \$5,000 **during any calendar year** in an SRS-covered position. The retiree's retirement benefit will be **reduced** \$1 for each \$3 earned in excess of the \$5,000 limit.

REPORTING INSTRUCTIONS FOR BACK OF FORM

Complete working retiree information.

TABLE A

- 1) Fill in month and year.
- 2) Fill in each day's date in the upper right hand corner.
- 3) Fill in hours worked each day. List the type of hours (i.e. January 3...6 RH 2 SL, this means that the retiree worked 6 regular hours and used 2 hours of sick leave.)

TABLE B

- 1) At the end of each month, the total of regular hours, overtime hours, vacation hours, sick leave, holiday pay, etc. must be recorded in the space provided.
- 2) Fill in the rate of pay for each category, and then calculate the total pay in the wages column. Total all the wages.

The retiree must verify all information on this form, then sign and date it. Complete the employer information. Sign and date the form prior to returning to MPERA.

The retiree meets their reporting requirements by signing this form.

Complete the back of this form in its entirety.

WORKING RETIREE _____ SSN _____
 (For tax purposes 26 USC § 6401A and § 6109, MCA)

HOURS WORKED AND WAGES EARNED **DURING** THE MONTH OF _____ 20 _____

ANTICIPATED TERMINATION DATE _____

TABLE A Month of _____, 20_____						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

RH =Regular Hours	HP =Holiday Paid	OTH =Overtime Hours	HW =Holiday Worked
VAC =Vacation	CT =Comp Time	SL =Sick Leave	SD =Shift Differential

Report all hours for pay in the appropriate category below. All time for which pay is received must be reported.

TABLE B	Hours	Rate of Pay	Total Wages
REGULAR HOURS			
OVERTIME HOURS			
VACATION			
SICK LEAVE			
HOLIDAY PAID			
HOLIDAY WORKED			
COMP TIME			
SHIFT DIFFERENTIAL			
TOTALS			\$

AGENCY(required)_____

TELEPHONE _____

CLERK(required)_____

DATE _____

RETIREE SIGNATURE(required)_____

DATE _____

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